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JAN 03 2008

<b>App. No.:</b>	09/373,403	) <b>Docket No.</b>	39766-0215-C1.US
<b>Confirm. No.:</b>	2534	) <b>Group Art Unit.:</b>	1643
<b>First Named Inventor:</b>	ARATHOON, William R.	) <b>Examiner:</b>	HOLLERAN, Anne L
<b>Filing Date:</b>	08-12-1999	)	

**To:** USPTO Centralized FAX number**Telephone:****Fax:** 1.571.273.8300**From:** Kory Mingus, Firmwide Patent and Trademark Analyst**Telephone:** 650.833.7315**Fax:** 650.324.0638**No. of Pages:** 2 (including cover)**Date:** January 3, 2008

Dear Sir or Madam:

Attached is the following document for the above identified matter:

1. Request to Withdraw as Attorney or Agent and Change of Correspondence Address

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Respectfully,

Kory Mingus  
Patent Administrator

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/373,403
Filing Date	08-12-1999
First Named Inventor	William R. Arathoon
Art Unit	1643
Examiner Name	HOLLERAN, Anne L
Attorney Docket Number	39766-0215-C1.US

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **25213**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

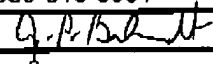
The reasons for this request are: Client has instructed us to transfer application to new counsel.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
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<input checked="" type="checkbox"/> Firm or Individual Name	Catherine M. Polizzi, Morrison & Foerster LLP		
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Signature			
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Date	December 21, 2007	Telephone No.	650-324-6730

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